Tax Holiday Respite Morning

Respite Morning Registration and Emergency Medical Treatment Form
(July 20th, 2018, 9 a.m. - noon)

Today's Date: ___________________________________
Child's Name: _______________________________________ Date of Birth: ______________________
Home Address: ____
Primary Phone: _____________________ Cell: ___________________ Alt Phone: _________________
Parent/Guardian Name: _____________________________________

Email: ____

May we use your e-mail address as the primary way to contact you regarding this event? ___ Yes ___No
Emergency/Alternate reference if parent/guardian can't be reached: ______________________________
Relationship to child: _________________________ Phone: _________________________
Has this individual agreed to be listed as an emergency/alternate reference? _____Yes _____No

Child's Medical Diagnosis/needs: ____
List any known allergies: ____
Any behaviors/other information you feel we should know: ____________________________________
____
Please list any special seating or mobility equipment: ____

What are your child's toileting needs (check all that apply):
___Fully toilet trained ___Needs reminder ___Will let us know ___Diaper or pull ups

What helps to calm your child (singing, rocking, special toy, etc): ________________________________
____

The following people are hereby authorized to escort my child to and from the UCP Center:

Name	Relationship to child
_____________________________	_______________________________
_____________________________	_______________________________
_____________________________	_______________________________

I hereby give permission for provision of emergency medical treatment of my child named above as follows:

1. Staff members of United Cerebral Palsy of Huntsville and Tennessee Valley may arrange for transporting my child to the emergency room by calling 911 and following emergency procedures as outlined by 911 personnel.
2. Records pertinent to emergency treatment may be released to hospital personnel.
3. Physicians and hospital personnel have permission to provide emergency medical treatment to the above named child.

____ __________________________
Parent/Guardian Signature Date

Parent Information

1. **Registration:** Your child's spot is not reserved until this registration form is returned to the UCP Therapy Center. You must complete a form for each child. Registration is due no later than July 13th; however, space is limited and is provided on a first come, first served basis.
2. **Illness:** Please do not bring your child if within the last 24 hours they have had fever, vomiting, diarrhea, infectious virus, contagious disease, or runny nose with yellow/green discharge. If you have any questions regarding whether you should bring your child or not, please call the UCP Therapy Center (256-852-5600). We do not want to spread any illnesses to the other children or staff members. If your child is sick, and the staff feels this will place other children at risk, you will be contacted to pick your child up.
3. **Drop-Off:** Please enter the building through the main lobby. UCP staff will escort your child to the classroom.
4. **Timeliness:** To lessen distractions, your child **must** arrive no later than 9:15 a.m.
5. **Sign-in:** Please be sure to sign-in with the staff or volunteer before you leave. You must leave a cell number (be sure to have your cell phone with you and turned on) or emergency contact name with phone number and relationship to child.
6. **Diaper bag:** Please be sure to bring anything we may need during the morning (diapers, wipes, change of clothes, shoes, jacket, etc.) in your child's bag. The bag should be labeled with their name. Snack and drinks will be provided.
7. **Diapering/Potty Training:** Please attempt to bring your child with a dry diaper on. We have a restroom available with a changing area if you need to use it when you arrive for drop-off. If your child is working on potty training, please let us know! We will gladly offer potty opportunities.
8. **Special dietary restrictions:** UCP will provide snacks during group time. **However, if your child has an allergy to any foods, you must notify us in writing as well as verbally.** You may provide your child's snack if you prefer. Please discuss this with a staff member.
9. **Special equipment:** If your child requires any mobility or positioning devices or any other equipment, this must be brought with your child, unless previous arrangements have been made.
10. **Picking up your child:** Children **must** be picked up, under the portico, on the left side of the building by (or before) noon. Please press the intercom button beside the side entry door to notify staff of your arrival if you wish to pick up your child prior to noon. Staff and volunteers will bring your child to your car. For your child's safety, please help buckle them up correctly.

RELEASE FORM

2075 Max Luther Drive
Huntsville, AL 35810
CENTER: 256-852-5600
ADMIN: 256-859-4900
FAX: 256-852-6722
www.ucphuntsville.org

Authorization to Release Protected Health Information by United Cerebral Palsy of Huntsville and Tennessee Valley, Inc. (UCP)

Client (Child) Name: ____

Parent/Legal Guardian Name: ____________________________________

Relationship to Client: ____

I hereby authorize UCP to use and disclose the following protected health information:

- Photographs of client and/or family
- Videotape of client and/or family
- Client's name
- Client's age
- Client's diagnosis
- Shared personal story
- Types and frequency of treatment received at UCP

The above information may be used for the following events from the date of signature at the bottom of this release until the expiration date at the bottom of this release:

- Print media, including regional newspapers
- Electronic media, including radio, TV and internet websites
- Special events and promotion thereof
- Community fundraising events for UCP and promotion thereof
- Irish Evening and promotion thereof
- UCP web page
- Information fairs / displays in the UCP Center and off-site
- UCP family newsletter
- Proposals and thank you items for corporate sponsors / donors
- Seasonal parties
- Tour groups

UCP of Huntsville and Tennessee Valley has my permission to use my or my child's photograph, likeness, artwork, profile and/or story in all forms of media and all manners, including publications, web pages, and other promotional materials. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I understand that, once this information is released, UCP is not responsible for information released by others.

This release will expire five years from the date of signature. I understand that I can revoke this authorization in writing at any time. I further understand that UCP cannot deny treatment or services if I refuse to sign this authorization.

Signature of Parent/Legal Guardian: ___________________________________

My E-Mail Address: ____

Date of Signature: ____